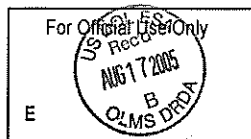


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11669</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Reed</u> <u>F</u> <u>Cruzen</u> P.O. Box, Bldg., Room No., if any Street <u>6363 Edna Road</u> City <u>San Luis Obispo</u> State <u>California</u> ZIP Code + 4 <u>93401</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union 639</u> Labor Organization File Number <u>025-310</u> P.O. Box, Building and Room Number, if any Street <u>6363 Edna Road</u> City <u>San Luis Obispo, CA</u> State <u>California</u> ZIP Code + 4 <u>93401</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Reed F Cruzen

On 08/02/2005
Date

805-543-5693
Telephone Number

Name of Person Filing **Reed Cruzen**File Number **U-****Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **none**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **SLO Joint Apprenticeship Training Trust**Trade Name, if any: **SLO JATC**

P.O. Box, Bldg., Room No., if any

Street **6363 Edna Road**City **San Luis Obispo**State **California**ZIP Code + 4 **93401****11.a. Nature of such dealing.**

n/a

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for lost wages for attendance at trust meeting as a trustee

12.b. Amount.

\$153

Name of Person Filing Reed Cruzen

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name none

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SLO Labor Management Cooperation Committee

Trade Name, if any: SLO LMCC

P.O. Box, Bldg., Room No., if any

Street 6363 Edna Road

City San Luis Obispo

State California

ZIP Code + 4 93401

11.a. Nature of such dealing.

n/a

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for test fee for California State
Electrical Certification exam

12.b. Amount.

\$175